

PART B - FEE(S) TRANSMITTAL

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10/28/2011 10/28/2011

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(Applicant's name)

(Signature)

(Date)

APPLICATION NO.	FILED DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/28/2011	09/24/2008	Abbas Kew Nielsen	HC76204-US	1316

TITLE OF INVENTION: MUTATED PROKARYOTIC CELLS WITH HIGH SECRETION LEVELS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	10/28/2011

EXAMINER	ART UNIT	CLASS/SUBCLAS
GEBREYESUS, KAGNEW H	1636	435-00100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.37)	2. Fee printing on the patent front page. If (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm having as a member a registered attorney or agent and the name of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	<i>Michael W. Krenzley</i>
<input checked="" type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		2.....
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3. ASSIGNEE NAME AND RESIDENCY DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Nozyymes A/S

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

Bogengade, Denmark

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies

4b. Payment of fees (Please first resupply any previously paid issue fee shown above)

- A check is enclosed
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- The Director is hereby authorized to charge the required fees, any deficiency, or credit any overpayment, to Deposit Account Number 10514321 (enclose a copy of this form)

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(e)(2).

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Authorized Signature *Michael W. Krenzley*

Date *10/28/2011*

Type or printed name *Michael W. Krenzley*

Registration No. *16,411*

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